

# KPDES FORM 1

AZ# 75361

## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

### PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.  
☒ Apply for reissuance of expiring permit.  
☐ Apply for a construction permit.  
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:

KPDES Branch (502) 564-3410

CK# 1000.00

<b>I. FACILITY LOCATION AND CONTACT INFORMATION</b>		AGENCY USE	0	0	4	0	4	8	7
A. Name of business, municipality, company, etc. requesting permit Long Fork Coal Company									
B. Facility Name and Location					C. Facility Owner/Mailing Address				
Facility Location Name: Gund Sewage Treatment Plant					Owner Name: Long Fork Coal Company				
Facility Location Address (i.e. street, road, etc.): Long Fork					Mailing Street: 115 North Big Creek Road				
Facility Location City, State, Zip Code: Flatfield, Kentucky 41514					Mailing City, State, Zip Code: P.O. Box 299, Sidney, Kentucky 41564				
					Telephone Number: 606-353-7201				

### II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: Sewage treatment plant for mine bathhouse.

### B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description: 1241 - Package sewage treatment plant for mine bath house.

Other SIC Codes:

### III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located:

Pike

City where facility is located (if applicable):

N/A

C. Body of water receiving discharge:

Long Fork of Big Creek

D. Facility Site Latitude (degrees, minutes, seconds):

37° 40' 17"

Facility Site Longitude (degrees, minutes, seconds):

82° 20' 44"

E. Method used to obtain latitude & longitude (see instructions): Topographic map

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

**IV. OWNER/OPERATOR INFORMATION**

A. Type of Ownership:

☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:

Appalachian States Analytical

Telephone Number:

606-437-5616

Operator Mailing Address (Street):

4652 Chloe Road

Operator Mailing Address (City, State, Zip Code):

Pikeville, Kentucky 41501

Is the operator also the owner?

Yes ☐ No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐

Certification Class:

N/A

Certification Number:

N/A

**V. EXISTING ENVIRONMENTAL PERMITS**

Current NPDES Number:

KY0040487

Issue Date of Current Permit:

06 / 01 / 2004

Expiration Date of Current Permit:

07 / 31 / 2005

Number of Times Permit Reissued:

4

Date of Original Permit Issuance:

09 / 16 / 1983

Sludge Disposal Permit Number:

Kentucky DOW Operational Permit #:

Kentucky DSMRE Permit Number(s):

898-8068

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	101-3300-0083	
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

**VI. DISCHARGE MONITORING REPORTS (DMRs)**

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:

Joe Tackett

B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)

DMR Mailing Name:

Same

DMR Mailing Street:

Same

DMR Mailing City, State, Zip Code:

Same

DMR Official Telephone Number:

Same

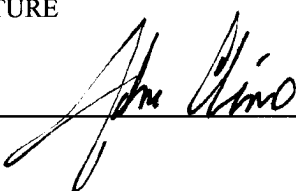
## VII. APPLICATION FILING FEE

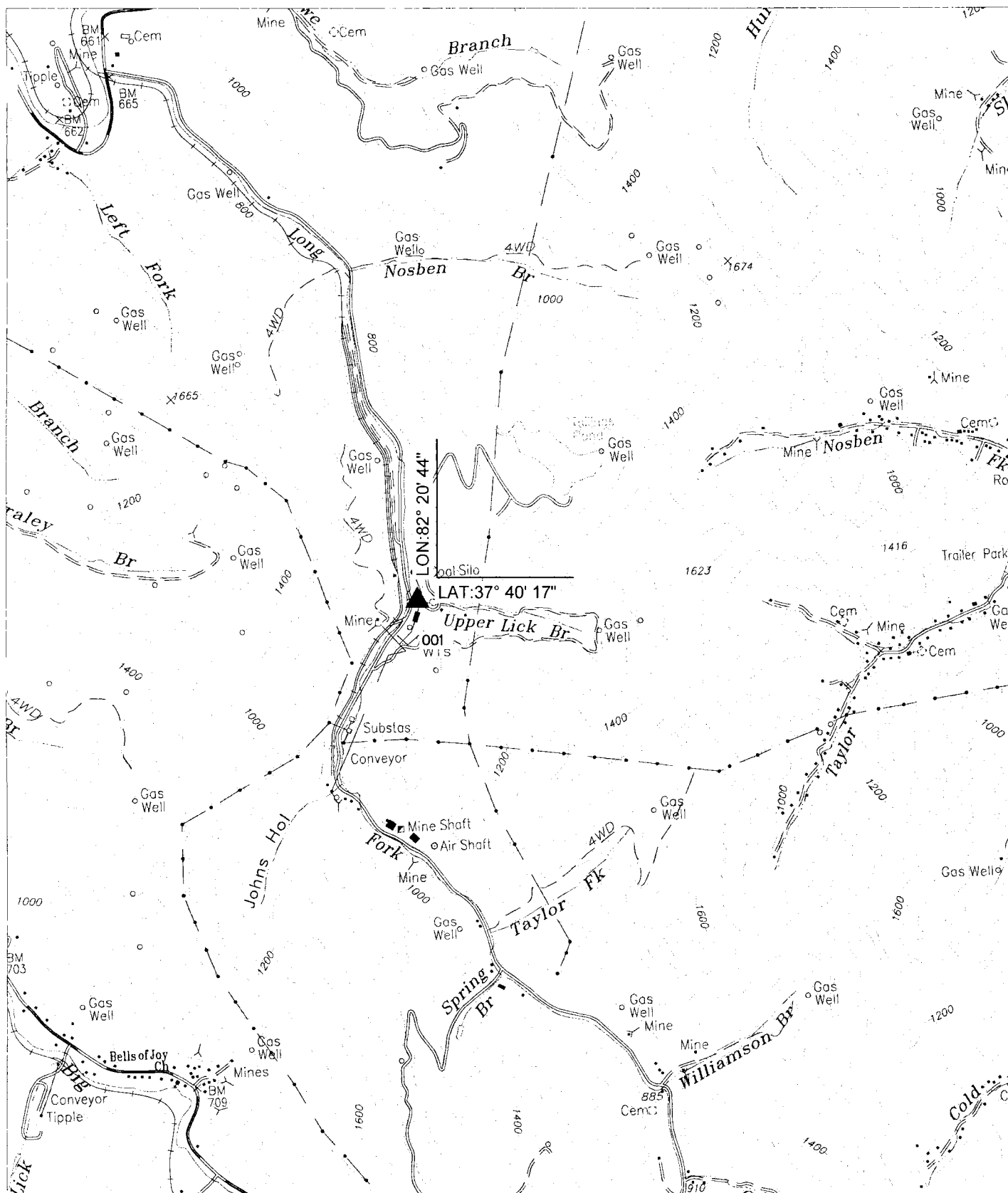
KPDDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
Small Non-POTW	\$1,000.00

## VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
John Cline - Authorized Agent	606-353-7201
SIGNATURE	DATE:
	03/03/2009



NOTE: TAKEN FROM WILLIAMSON, W. VA. - KY.  
7.5' USGS QUADRANGLE

DATE: 03/03/2009

FILENAME:  
KY0040487-LOC-MAP

SCALE: 1" = 2000'

DISK NO.

## LONG FORK COAL COMPANY

P.O. BOX 299  
SIDNEY, KY 41564

DRAWN BY:

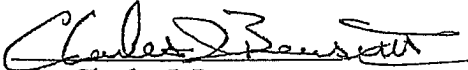
KPDES KY0040487  
GENERAL LOCATION MAP

SIDNEY COAL COMPANY, INC.

APPOINTMENT OF AUTHORIZED AGENT

KNOW ALL MEN BY THESE PRESENTS, that Sidney Coal Company, Inc., a Kentucky corporation (the "Company"), hereby appoints John L. Cline, Jr., to be its authorized agent, to sign for and on behalf of the Company on all coal mining related permit applications and other permit-related documents for the Company including permits required by state and/or federal law. This authority shall become effective with the execution of this document.

Sidney Coal Company, Inc.



By: Charles I. Bearse  
Its: President

Date: 2-19-08

STATE OF Kentucky

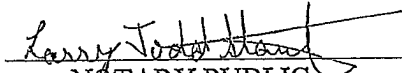
COUNTY OF PIKE, to wit:

I, Larry Todd Stanley, a Notary Public in and for the stat and county aforesaid, do hereby certify that Charles I. Bearse, as President of Sidney Coal Company, Inc., whose name as such is signed to the foregoing write this 19<sup>th</sup> day of February, 2008, has signed before me, in my said County, acknowledged and said writing.

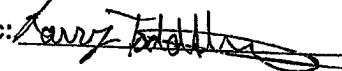
Given under my hand this 19<sup>th</sup> day of February, 2008.

My commission expires: January 17, 2012.

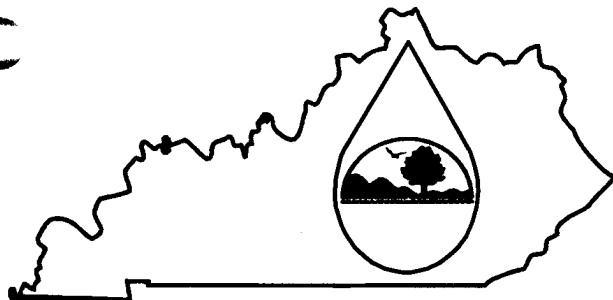


  
NOTARY PUBLIC

This is a true and exact copy of the  
original document.

Notary Public: 

My Commission Expires: 1/17/12



**KENTUCKY POLLUTANT DISCHARGE  
ELIMINATION SYSTEM**

**PERMIT APPLICATION**

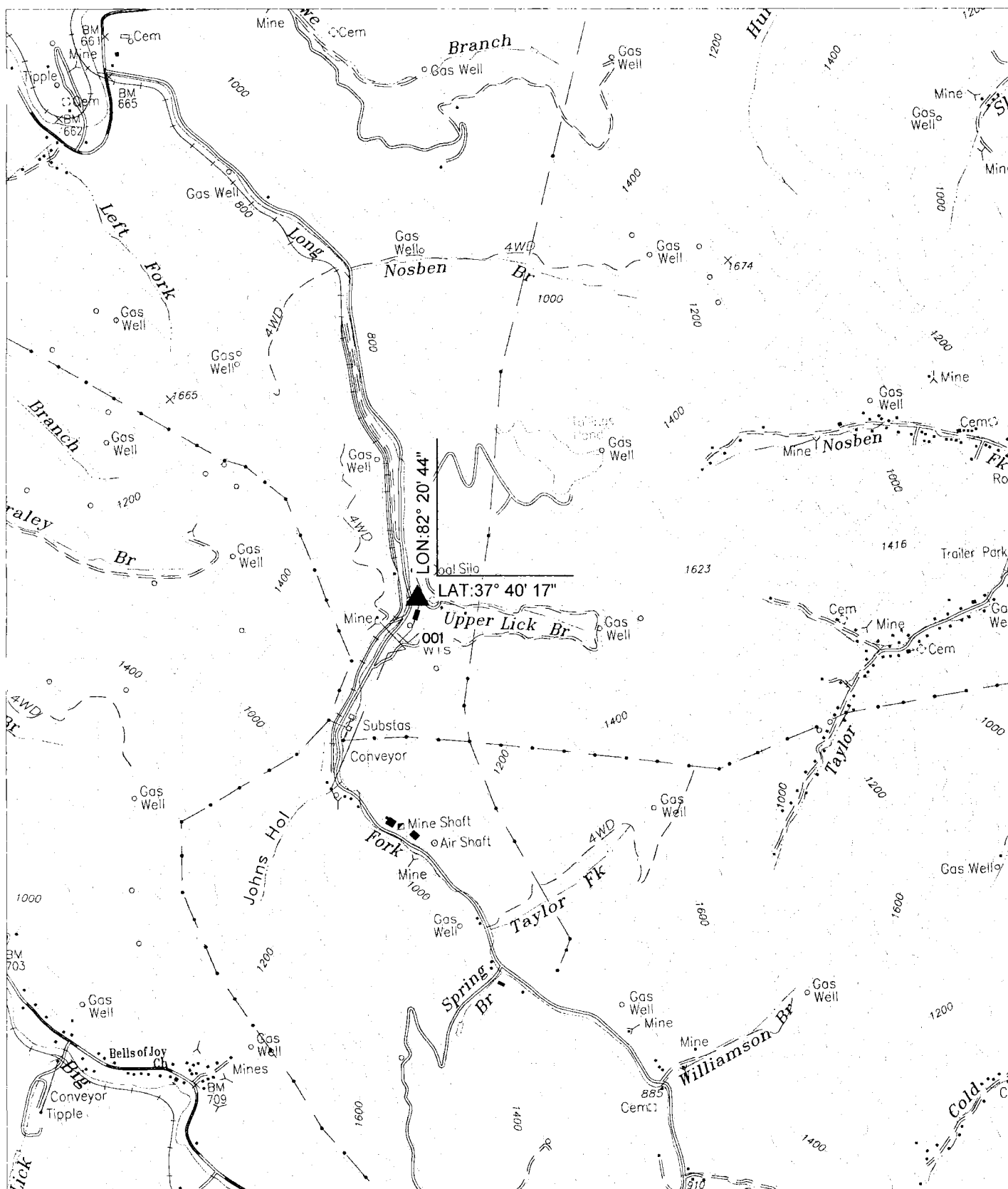
A complete application consists of this form and Form 1.  
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: Gund Sewage Treatment Plant											
<b>I. FACILITY DISCHARGE FREQUENCY</b>				AGENCY USE	0	0	4	0	4	8	7
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)											
B. How many days per week?				7							
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): Number of personnel using bath house and restroom facilities											
B. If new discharger, indicate anticipated discharge date:											
C. Indicate the design capacity of the treatment system:				0.018 MGD							

**III. Outfall Location (see instructions)**

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	37	40	17	82	20	44	Long Fork of Big Creek

Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)	USGS Topographic map
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NOTE: TAKEN FROM WILLIAMSON, W. VA. - KY.  
7.5' USGS QUADRANGLE

DATE: 03/03/2009	FILENAME: KY0040487-LOC-MAP	<b>LONG FORK COAL COMPANY</b> P.O. BOX 299 SIDNEY, KY 41564	
SCALE: 1" = 2000'	DISK NO.		
DRAWN BY:		<b>KPDES KY0040487</b> GENERAL LOCATION MAP	

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)				
If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.				
OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	Mine Bath House	0.010 MGD	Package sewage treatment plant	5-A
		0.010 MGD	Discharge to surface water	4-A

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
- ☐ Noncontact cooling water
 ☐ Other (list):

C I. Does all water used at facility (except for human consumption) flow to a treatment plant? ☐ Yes ☒ No

VII. Discharge to other than surface waters. Check appropriate location:

- ☐ Publicly-owned lake or impoundment
 Name of lake:
- ☐ Publicly-owned treatment works (POTW).
 Name of POTW:
- ☐ Land application of Effluent
- ☐ Surface injection (Check term and identify on map)
 ☐ lateral field;
 ☐ sinkhole;
 ☐ sinking stream;
 ☐ deep well
- ☐ Closed Circuit (Check appropriate term)
 ☐ Holding tank;
 ☐ Mechanical evaporation;
 ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony		<input type="checkbox"/>	Copper		<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Arsenic		<input type="checkbox"/>	Lead		<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Beryllium		<input type="checkbox"/>	Mercury		<input type="checkbox"/>	Zinc	
<input type="checkbox"/>	Cadmium		<input type="checkbox"/>	Nickel		<input type="checkbox"/>		
<input type="checkbox"/>	Chromium		<input type="checkbox"/>	Selenium		<input type="checkbox"/>		



**IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)**

C. Number of bypass points: N/A (If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

**B. Number of Overflow Points: (If discharge is from an overflow point, the information below must be completed.)**

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

**X. AREA SERVED (see instructions)**

NAME	ACTUAL POPULATION SERVED
Long Fork Coal Company Bath House	50+/-
<b>TOTAL POPULATION SERVED</b>	50+/-

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

**XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS**

Additive	Composition	Concentration (mg/l)

**XII. EFFLUENT CHARACTERISTICS**

A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD <sub>5</sub>			
TOTAL SUSPENDED SOLIDS			
FECAL COLIFORM			
TOTAL RESIDUAL CHLORINE			
OIL AND GREASE			
CHEMICAL OXYGEN DEMAND			
TOTAL ORGANIC CARBON			
AMMONIA			
DISCHARGE FLOW			
PH			
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)			

B. Frequency and duration of flow:

**XIII. CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

TELEPHONE NUMBER (area code and number):

John Cline - Authorized Agent

606-353-7201

SIGNATURE

DATE

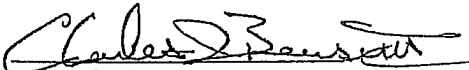
03/03/2009

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APPOINTMENT OF AUTHORIZED AGENT

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Sidney Coal Company, Inc.



By: Charles I. Bearse  
Its: President

Date: 2-19-08

STATE OF Kentucky

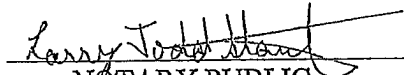
COUNTY OF PIKE, to wit:

I, Larry Todd Stanley, a Notary Public in and for the stat and county aforesaid, do hereby certify that Charles I. Bearse, as President of Sidney Coal Company, Inc., whose name as such is signed to the foregoing write this 19<sup>th</sup> day of February, 2008, has signed before me, in my said County, acknowledged and said writing.

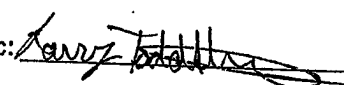
Given under my hand this 19<sup>th</sup> day of February, 2008.

My commission expires: January 17, 2012.



  
NOTARY PUBLIC

This is a true and exact copy of the  
original document.

Notary Public: 

My Commission Expires: 1/17/12



## ***SIDNEY COAL ENGINEERING DEPARTMENT***

115 NORTH BIG CREEK ROAD

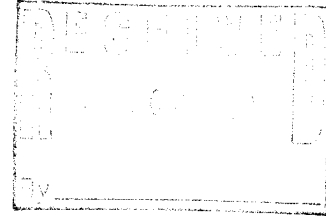
P.O. BOX 299 \* SIDNEY, KENTUCKY 41564

BUS: (606) 353-7201 FAX: (606) 353-5595

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March 3, 2009

Vickie L. Prather  
Energy and Environment Cabinet  
Department for Environmental Protection  
Division of Water  
200 Fair Oaks Lane, Fourth Floor  
Frankfort, Kentucky 40601



RE: Long Fork Coal Company  
DSMRE Permit Number 898-8068  
KPDES Permit KY0040487

Dear Ms. Prather:

On behalf of Long Fork Coal Company, I am submitting the full filing fee, Form 1 and Form SC for the above referenced permit.

If you have any questions or require additional information, please feel free to contact me at (606) 353-5510 or email me at [larry.stanley@masseyenergyco.com](mailto:larry.stanley@masseyenergyco.com).

Sincerely,

Larry Todd Stanley  
Permit Technician